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SITTINGBOURNE AND MILTON URBAN DISTRICT  
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# ANNUAL REPORT

on the

**PUBLIC HEALTH**

and

**HEALTH AND WELFARE  
SERVICES**

for

**1947**

**COLONEL W. H. CRICHTON**

C.I.E., I.M.S.(Ret.), M.B., Ch.B. (Edin.), D.P.H. (Lond.)

*Medical Officer of Health*



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Mrs. E. M. Rees \*

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\* Members of Health Committee

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**MEMBERS OF THE MATERNITY AND CHILD WELFARE  
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## PUBLIC HEALTH DEPARTMENT

### *Medical Officer of Health:*

Dr. Hilda K. Brade-Birks, M.SC., M.B., M.R.C.S., D.P.H.  
(until August, 1947)

Colonel W. H. Crichton, C.I.E., I.M.S. (RET.), M.B., CH.B., D.P.H.  
(from September, 1947)

### *Assistant Medical Officer for Welfare Services:*

Dr. Eileen Mallinson, M.R.C.S., L.R.C.P.

### *Health Visitors:*

Miss M. Reese, S.R.N.  
Miss N. Moon, S.R.N.

### *Chief Sanitary Inspector:*

Mr. Alexander Leslie, M.S.I.A.

### *Additional Sanitary Inspector:*

Mr. A. H. Hayes, M.R.SAN.I., M.S.I.A.

### *Rodent Operator:*

Mr. W. G. Chamberlain

### *Chief Clerk:*

Mr. O. A. Kent

### *Clerks:*

Miss G. Evans  
Miss J. Venner

# Sittingbourne and Milton Urban District Council

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HEALTH OFFICES,  
JOHNSON HOUSE,  
BURLEY ROAD,  
SITTINGBOURNE, KENT.

July, 1948.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Report on the state of the public health and on the Health and Welfare Services for the year 1947.

As you are aware, my appointment to this District dates from 1st September, 1947, and I can therefore only report with personal knowledge on matters relating to the latter part of the year under review.

I have arranged the Report in seven main sections, in the last four of which I have incorporated the report of the Chief Sanitary Inspector, Mr. Leslie.

I wish to draw the attention of the Council to the following points in the Report which are of special importance :—

- (a) The serious housing shortage and its correlation to the incidence of tuberculosis and to the falling birth rate ;
- (b) the very high percentage of disease in cattle brought to slaughter—a total of 63% of which 19% is Tuberculosis—and the consequent need for the greatest vigilance in meat inspection ;
- (c) the high percentage of unsatisfactory milk samples—22% ;
- (d) the frequently unsatisfactory ice cream samples and the need for constant vigilance ;
- (e) the outbreak of food infections in December.

The fact that no less than 944 applicants for housing are still waiting for living accommodation and that of these 632 have to share a house, and in most cases, a kitchen, transcends anything which has been written in this Report. The effect of this state of

affairs is incalculable not only immediately, but in the future, not only in frank disease but in nervous instability.

The rest of the salient features I have mentioned refer to food and the risks connected with food or drink. This is a matter of growing importance. The outbreak in December should serve as a salutary warning. The present staff of Sanitary Inspectors (2) is inadequate to maintain the standard of supervision of restaurants, cafes, etc., which the situation demands, particularly so as the Chief Sanitary Inspector has to devote a very large part of his time to house applications and allocations and Mr. Hayes to meat inspection at all hours.

I must reiterate the remarks made in the Report on the unsatisfactory and obsolete structure used as a slaughter-house. Meat inspection and all the other processes connected with the slaughter and preparation of meat for consumption have to be carried out under very difficult circumstances and it is hoped that provision for improved slaughtering conditions will be made in high priority.

Finally I wish to express my sincere gratitude to the entire Staff of the Health Department for their devoted service and assistance and my appreciation to the Committee for their support and encouragement.

Your obedient servant,

W. H. CRICHTON,

*Medical Officer of Health*



## SECTION 1

### STATISTICS AND SOCIAL CONDITIONS

#### 1. CLIMATOLOGY

The only local data available refers to the rainfall which in 1947 amounted to 18 inches. It is worth recording that the winter was an exceptionally severe one and was followed by an exceptionally brilliant summer. Fruit and vegetable crops were abundant.

#### 2. AREA IN ACRES

Land and inland water	...	...	...	...	4,935
No change.					

#### 3. POPULATION

Estimated mid-year 1946	...	...	...	...	21,560
-------------------------	-----	-----	-----	-----	--------

This figure shows an increase of 520 over the estimated population of the preceding year, and of 2,420 over the population in 1944. Owing to the unusual movements of the population during the war it would not be fair to assume at present that the average annual increase is always as high as this—600 approximately.

#### 4. NUMBER OF INHABITED HOUSES

6,289.

The number of inhabited houses has only increased by 61 since the preceding year.

#### 5. RATEABLE VALUE

£113,134/15/0

#### 6. SUM REPRESENTING PENNY RATE

£431/9/4

#### 7. BIRTHS

##### (a) *Live Births*

	Males	Females	Total
Legitimate ...	273 (210)*	236 (209)	509 (419)
Illegitimate .	14 (14)	9 (17)	23 (31)
Totals ...	287 (224)	245 (226)	532 (450)

The percentage of illegitimate births was 4.5% (6.7%).

##### (b) *Birth Rate—*

Per 1,000 of estimated population ...	...	24.4 (21.3)
---------------------------------------	-----	-------------

There has been a steep rise in the birth rate since the end of the War, from 19.7 per thousand in 1944 to 39 per thousand in

FOOTNOTE.—\*Figures in brackets relate to the preceding year.

1945. It appears, however, that this was the peak of the increase and we must expect a gradual decline. The scarcity of houses is closely related to the growing reluctance on the part of many young couples to have more children.

The Birth Rate for England and Wales for 1947 was 20.5 per thousand.

(c) *Still-Births*—

		Males	Females	Total
Legitimate	.....	6 (9)*	8 (3)	14 (12)
Illegitimate	.....	1 (-)	- (-)	1 (-)
Totals	.....	7 (9)	8 (3)	15 (12)

The percentage of still-births to live births was 2.8. It was 2.7 in the preceding year.

## 8. DEATHS

(a) The total number of deaths from all causes was 248, of whom 127 were males and 121 females. The corresponding figures for the preceding year were 230 of whom 124 were males and 106 females.

(b) The corrected Death Rate per thousand of the estimated population was 11.5 as compared with 10.9 in the preceding year, and 12.3 in 1945. The trend during the last few years has been fairly constant with only slight variations. The vast majority of deaths occur in the very high age groups—mostly over 70.

The Death Rate for England and Wales for 1947 was 12 per 1,000.

(c) **Causes of Death.**—(i) As usual, there is a disconcerting degree of variation between the causes of death compiled from local records and the final corrected figures received from the Registrar General. To attempt to reconcile these differences at the end of a year is too big a task, and, in the circumstances, the figures produced by the Registrar General are stated below. Meanwhile, it is hoped to arrange for some periodic checks to be made during the year to avoid this difficulty.

FOOTNOTE.—\*Figures in brackets relate to the preceding year.

TABLE 1

Disease	Males	Females
Tuberculosis Respiratory system ... ..	6	—
Other forms of Tuberculosis ... ..	2	—
Influenza ... ..	1	1
Ac. Polioencephalitis ... ..	1	—
Cancer—Mouth and Gullet ... ..	1	—
Stomach and Duodenum ... ..	10	3
Breast ... ..	—	2
All other sites ... ..	13	11
Intracranial vascular lesions ... ..	17	29
Heart diseases ... ..	38	43
Other diseases circulatory system ... ..	2	1
Bronchitis ... ..	5	3
Pneumonia ... ..	4	8
Other respiratory diseases ... ..	2	1
Ulcer, gastric or duodenal ... ..	—	1
Diarrhœa, infantile ... ..	1	—
Appendicitis ... ..	1	1
Other digestive diseases ... ..	1	2
Nephritis ... ..	2	3
Maternal causes		
(other than Puerperal fever) ... ..	—	1
Premature birth ... ..	2	2
Congenital malformation or birth injury ... ..	5	—
Suicide ... ..	2	2
Road accidents ... ..	4	—
Other violent causes ... ..	5	4
All other causes ... ..	2	3
TOTALS ...	127	121

(d) **Comment.**—(i) Although, as usual, **heart diseases** are shown as the commonest cause of death (32.6%) it must not be assumed that this indicates an undue prevalence of disease affecting the heart, but rather that it is the final manifestation of changes associated with advanced age. The large number of **intracranial vascular lesions**, more commonly known as apoplexy or hæmorrhage into the brain, which account for 18.5% of the deaths, may also be ascribed to the same basic cause, namely old age. On the other hand, cancer, which is responsible for no less than 40 deaths or 16.1% of the total, is not necessarily a disease of the aged, although its insidious character may delay its manifestation till a mature age. It is undoubtedly the greatest “killer” and beside it, respiratory diseases, 15 or 6% and even **Tuberculosis**, 8 or 3.1%, pale into comparative insignificance. It must, however, be remembered that it has long been a working rule that for every death recorded from Tuberculosis, there are at least 10 cases in an active state in the community.



(ii) It is a matter for satisfaction that for the third year in succession no maternal death from puerperal causes has occurred. This is a fact which reflects credit on the present day methods of dealing with maternity cases and on the value of the Ante-Natal services provided.

#### 9.—INFANT MORTALITY

(a) It is regrettable that the number of deaths among infants under one year of age was higher in the year under review — 17 deaths — than it was in the preceding year — 14 deaths, representing respectively an **Infant Mortality Rate** of 32 per thousand live births and 31 per thousand. Some comfort may be found in the fact that the increase is very slight and that, as recently as 1944 the infant mortality rate was as high as 53.9 per thousand. It is nevertheless an indication that much still needs to be done to improve the standard of care of young children.

(b) The detailed causes of death among infants were as follows :

TABLE II

Causes of Death	Males	Females
Prematurity ... ..	2	2
Congenital malformations or birth injuries ...	5	—
Ac. Polioencephalitis (10/12) ... ..	1	—
T.B. Meningitis (aged 3/12 and 9/12) ...	2	—
Broncho-pneumonia (3 weeks, 8/12 and 11/12)	1	2
Gastro-Enteritis (5/12 and 4/12) ... ..	2	—
TOTALS ...	13	4

It is important that the public should realise that the majority of the conditions giving rise to prematurity are capable of recognition and correction ante-natally and further, that sound practical instruction in the care and maintenance of children should prevent fatalities from broncho-pneumonia and acute gastro-intestinal disorders. These diseases are essentially preventable by education, which is available through Child Welfare Clinics and Home Visits.

#### 10.—NATURAL INCREASE IN POPULATION

The excess of births over deaths during the year was 284 or 53.3%. In the preceding year the difference was 220 and in 1945 it was 148. It seems unlikely that, under present conditions, this rate of increase will be maintained.



## SECTION II

### INFECTIONS AND OTHER DISEASES

#### THEIR PREVALENCE AND CONTROL

##### 1.—NOTIFIABLE DISEASES

The number and character of infectious diseases notified during the year is tabulated as follows :—

TABLE III

Disease	No. of Cases	Admissions to Hospital or Sanatorium	Deaths
Ac. Polioencephalitis ... ..	1 ( — )	1	1
Scarlet Fever ... ..	24 ( 49 )†	22	—
Diphtheria ... ..	1 ( 4 )	1	—
Measles ... ..	75 (114)	—	—
Whooping Cough ... ..	33 ( 36 )	—	—
Pneumonia* ... ..	1 ( 4 )	1	—
Erysipelas ... ..	4 ( 4 )	4	—
Puerperal Fever ... ..	2 ( 2 )	—	—
Cerebro Spinal Meningitis ...	2 ( 6 )	2	—
Ac. Poliomyelitis ... ..	4 ( — )	4	—
Malaria ... ..	1 ( — )	1	—
Dysentery ... ..	4 ( — )	—	—
Food Poisoning ... ..	28 ( — )	—	—
Tuberculosis—Pulmonary ...	16 ( 14 )	10	5
Non-Pulmonary ... ..	3 ( 2 )	2	2
TOTALS ... ..	199 (237)	48	8

##### 2.—COMMENT

(i) The one case of **Polioencephalitis** occurred in an infant under one year of age and was unhappily fatal.

(ii) The four cases of Ac. Poliomyelitis were the extent of the affection of the epidemic in this District. Fortunately all four cases have recovered. All still have some form of paralysis but this is improving under treatment. During the epidemic the restrictions recommended for the prevention of spread were put into operation, i.e., the closure of Juvenile Cinema Clubs and of Public Baths. The public were advised to avoid crowds as much as possible. Considering that the final figures for the epidemic showed an incidence of 18 per 10,000 of the population, the District escaped very lightly.

FOOTNOTES :—\* Twelve deaths from Pneumonia are recorded in Table I. These were not notified presumably as they were fatal complications of other conditions.

† Figures in brackets relate to figures of the preceding year.

(iii) The solitary case of **Diphtheria** notified was a very mild one—a boy of 13 who is said to have been immunised with two injections two years before the attack. A note on immunisations against diphtheria will be found in a subsequent paragraph (§ 5 Section II).

(iv) The small number of **Scarlet Fever** cases which occurred (24) were fortunately of mild character, but at least one case appears to have been a “return” case (i.e., a case infected by another case recently discharged from Hospital).

(v) **Measles** continues to account for the largest number of cases of infectious disease, with **Whooping Cough** a good second. Both diseases cause a great deal of distress and ill-health, especially Whooping Cough, and disruption of school life. They deserve to be treated with greater respect and it is hoped that wider use will be made of Convalescent Serum for the prevention or mitigation of attacks of measles, which is supplied to Medical Practitioners on application by the County Laboratory. There is an increasing demand for Whooping Cough prophylactic vaccination by the public, and, although its efficacy has not been fully proved, there is a growing volume of evidence that it appreciably mitigates the disease but does not prevent it. I understand that the vaccine is being used in one experimental area in Kent and it is hoped that the results obtained will justify its being offered to the public in conjunction with Diphtheria immunisation.

(vi) **Puerperal Fever**.—The two cases notified had apparently just enough temperature to justify their being notified as cases of pyrexia following childbirth. Both were extremely mild and made uneventful recoveries without being admitted to hospital.

(vii) **Cerebro Spinal Meningitis**.—There must be a focus of infection which provides the small but persistently constant number of cases which occur in the District. Fortunately, with Sulphonamide treatment, the disease has lost its terror.

(viii) **Malaria**.—The solitary case notified was a relapse attack in a young man of 22 years, who had contracted the disease abroad. Considering the large number of men who served in malarious countries during the recent War and were exposed to risk of infection, it is surprising that more relapse cases of malaria are not notified.

(ix) **Dysentery**.—The four cases shown were originally notified as cases of food poisoning in an outbreak which occurred in Sittingbourne and the adjoining rural area in December. The outbreak was of short duration, 32 cases in all of **food poisoning or suspected food poisoning** were notified in a period of approximately three weeks from 11th December. Four of these were identified bacteriologically as infections with *B. sonné*. In spite of exhaustive investigations by the Health Staff, particularly the Chief Sanitary In-



spector, no common source of infection could be found. It is interesting to note that in an outbreak of food poisoning in the Faversham District shortly before the Sittingbourne outbreak, the infecting organism was a bacillus of the Salmonella Group more commonly associated with food infections, i.e., B.typhi murium, and only one case of Dysentery (sonné) was identified.

This outbreak of food poisoning, though fortunately not serious, serves to stress the serious risks attending the preparation and storage of food and the cleansing of utensils, crockery and glassware. These risks have been increased in recent years by the growing popularity of canteen meals in school and factory, of restaurant and café meals, of snack bars and the like. The existing methods adopted for the cleansing of glasses used in public houses leave much to be desired. There is a great need for education on this important subject, both among the owners and staff of restaurants, cafés, etc., and among housewives who may be the unsuspecting cause of trouble. A special Article on the subject was published in the Press in the early autumn (reproduced as Appendix I) to warn the public, and arrangements were at hand at the end of the year to invite a special Lecturer provided by the Central Council for Health Education. Meanwhile educational leaflets are being distributed in every household.

(x) **Tuberculosis.**—The “profit and loss” account for Tuberculosis during the year shows an unfavourable increase in the balance when deaths and transfers are excluded.

TABLE IV.  
Summary of Tuberculosis Register

	Pulmonary	Non-Pulmonary	Total
On Register on 1st Jan., 1947 ...	89	30	119
Notified as “new” cases ...	19	5	24
Transferred to District ...	4	1	5
TOTALS ...	112	36	148
Died ...	6	2	8
Recovered ...	1	4	5
Removed from District ...	3	1	4
Diagnosis changed ...	—	1	1
TOTALS ...	10	8	18
Balance remaining on 31st Dec., 1947 ...	102	28	130

The increase in the number of notified cases — 24 — as compared with 13 in the preceding year and 13.1 the annual average during the last ten years, is to be expected in the overcrowded conditions now prevailing. Overcrowding is definitely correlated to Tuberculosis, and unless better conditions are provided it is impossible to hope for any appreciable decrease in the incidence of the disease.

It is a matter of regret that better liaison does not exist between the District Health administration and the Tuberculosis Service administered by the County. The Office of the Medical Officer of Health serves mainly as a statistical registration centre at present, and, as the Tuberculosis Service employs its own staff of Home Visitors, the domestic circumstances of notified cases cannot be investigated without risk of overlap or annoyance. A system whereby the fullest use is made of local health services would be of advantage to the patient and to the general public health.

It is hoped to establish better liaison with the Tuberculosis After Care Committee as a means of ensuring the giving of such assistance as may be required.

### 3.—**VENEREAL DISEASES.**

(i) These are dealt with directly by the County. As a result the District Medical Officer of Health is unaware of the incidence and character of the disease in his Area of administration, and of the sources of infection and the methods used for the prevention of the disease. This is a most unsatisfactory situation. However, by courtesy of the County Medical Officer, it has been possible to extract, with considerable difficulty, figures relating to the attendance of cases from this District for treatment at the County V.D. Clinic at Rochester. These are as follows:—

			Male	Female	Total
Syphilis	...	...	5	4	9
Gonorrhœa	...	...	10	—	10
Non-Venereal	...	...	14	6	20
No. of patients attending for treatment				...	73
No. of attendances		...	...	...	618

(ii) These figures are not to be regarded as complete. Venereal Disease is not notifiable and no doubt a number of cases prefer to attend their own Private Medical Adviser for treatment. Nevertheless, they serve a useful purpose as an index of the prevalence of the disease in the District.

### 4.—**INDUSTRIAL DISEASES**

Administered by the Home Office with which Authority no liaison exists. This Office is, therefore, unaware whether any disease or incapacity which can be attributed to industrial conditions exists or whether, if it does, it can be of assistance in preventing it.



## 5.—VACCINATIONS AND INNOCULATIONS

### (i) **Diphtheria Immunisation**

(a) The existing scheme provides for the immunisation of infants at a special Clinic held monthly at Johnson House (1st Monday) and the issue of "First Birthday Cards" to parents reminding them to immunise their children. The number of children so immunised during the year was 206. Until recently Medical Practitioners did not notify the Office of the Medical Officer of Health of the immunisations carried out by them in private practice, but, at the request of this office, they have been good enough to agree to submit record cards of their immunisations for the information of this office. The information made available at the last quarter of the year under review was to the effect that 13 primary immunisations were carried out by Medical Practitioners, a total of 219 for the year, as far as is known. This represents 56.5% of the births recorded in the preceding year.

(b) Secondary or "booster" immunisation among school children has been carried out at irregular intervals in the past, with the result that a large accumulation of unprotected or of partially protected children was found to exist, amounting to over 800 in all (146 Primary; 693 Booster [vide Appendix II]), including an appreciable number of children, who, for one reason or another, had missed their primary immunisation. Steps were being taken at the end of the year to break down this accumulation of cases and to ensure the institution of a regular scheme of immunisation to avoid its recurrence.

### (ii) **Vaccination against Smallpox**

(a) By courtesy of Dr. Mallinson, the Public Vaccinator, this office has been informed that 138 vaccinations against Smallpox were carried out under the Vaccination Act in 1947 and that there were 141 who claimed exemption as conscientious objectors.

(b) It is tragic that fear of vaccination should have been allowed to grow to the extent it has to-day. The "objectors" have no real grounds for their objection, usually nothing more cogent than that "their husband does not hold with it," or that they had never been done and did not see why their children should be. The real reason behind these objections is the fear of the extensive local and general reaction provoked by the old four site vaccination with gross scarification in the past, and, according to Dr. Mallinson, to the unpleasant memories of vaccinations and inoculations in the Services—often carried out on the same day. There is much need for propaganda and education in the schools on this important subject.

(c) Another frequently quoted fallacy is that there is no smallpox in England and that there is time enough to get vaccinated if

smallpox is about. Smallpox is not as infrequent as people think—an outbreak in Yorkshire last year arising from an imported case from abroad gave rise to 79 cases of smallpox and 15 deaths. To postpone primary vaccination until the epidemic is upon us is to court disaster as several of the Yorkshire cases found to their cost. In a county like Kent, surrounded by important seaports, as well as aerodromes inland, it is of the utmost importance that a high degree of protection against smallpox should prevail in the community, however good the surveillance at ports may be. It is hoped that the extension of facilities for vaccination to Child Welfare Centres and Medical Practitioners under the Act will induce a far larger proportion of people to seek protection but the immediate need is education and propaganda and particularly education in the schools.

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### **SECTION III**

## **GENERAL PROVISION OF HEALTH SERVICES IN THE AREA**

### **MATERNITY AND CHILD WELFARE SERVICE**

#### **1.—ANTE-NATAL AND POST-NATAL CLINICS**

(a) These were ably conducted by Dr. Eileen Mallinson with the assistance of the Health Visitors—Miss Reese and Miss Moon.

(b) There was a slight falling off in the number of attendances (860) as compared with those in the preceding year (955) and the percentage of expectant mothers (155) seeking advice at the Clinic was small (28.3%) compared with the number of births (546). It must, however, be realised that the Ante-Natal Service provided by the Council supplements the Service provided by a staff of Midwives employed by the County, and, of course, by doctors in private practice. So long as *every* expectant mother is provided with efficient ante-natal care, whether this be at the hands of her own private doctor or by the Clinic services, the fact that the number attending the Clinic is small is not in itself a disturbing factor. The Service provided by the Council has the advantage of combining the physical care of the expectant mother both at home and at the Clinic, with instruction by trained Health Visitors in every aspect of healthy living. It is hoped that with the coming of the National Health Service Act it will be possible to bring about better co-ordination between all the Services concerned with Maternity to the benefit of the patient.

(c) During the year, on the recommendation of the Health Visitors, 73 maternity cases were confined in hospital as their home conditions were not satisfactory. Of these 69 were admitted to the



County Hospital at Minster and 4 to Chatham. The Council accepted financial responsibility for the major part of the expenses incurred in these cases, the patient only being asked to pay a share assessed on the basis of her means.

(d) In addition, the Council accepted responsibility for a large part of the hospital expenses incurred in Emergency Maternity Cases sent to hospital, not through the Clinic, but directly by Medical Practitioners. The sum borne by the Council in respect of both types of case during the year under review amounted to £504 6s. 3d., which represents 38% of the total sum involved.

(e) An important innovation during the year has been the institution of a very much needed *Family Planning Clinic* which was opened in December and meets once a month (1st Monday). The Clinic is conducted by Dr. Eileen Mallinson, assisted by Miss Moon, who was afforded an opportunity by the Council to undertake special studies in a Clinic in London. The demand for advice on family planning is increasing in direct proportion to the continued housing shortage. Attendance at the Clinic is by appointment through Post-Natal and Child Welfare Clinics as well as through Medical Practitioners.

(f) Another important development has been the establishment by the Council of a weekly Clinic for the training of expectant mothers in *Relaxation* during pregnancy and in their confinement. The resulting improvement in muscle tone and control and in instilling confidence has banished the fear of childbirth and reduced the tribulations of labour to a minimum. The Clinic was started in November under Miss Brewer, an experienced Physiotherapist, who has been kindly assisted by Mrs. Vincent Smith of Milsted, on a purely voluntary basis. The popularity of the Special Clinic among expectant mothers has been instantaneous and the only limitation imposed is that of space.

(g) The Council, on the recommendation of the Clinic, provided Home Helps in 17 cases of Domiciliary Midwifery during the year, bearing in all cases a part of the cost involved.

## 2.—CHILD WELFARE CLINICS

(a) These have been conducted by Dr. Hilda K. Brade-Birks and by myself since taking over, assisted by the Health Visitors, Miss Reese and Miss Moon and by the two lady clerks, Miss Evans and Miss Venner. It is hoped to enlist shortly the services of Voluntary Assistants with the dual object of relieving the clerks of the Clinic duties, and of providing an opportunity for the exercise of personal interest in the Clinics by ladies who are keen on practical Social Service.

(b) The Welfare Clinics are also attended by a varying number of Pupil Midwives who are attached for practical training to the County Midwives, and who assist in all the activities of the Clinic.

(c) The attendances at the Clinic are good—678 infants and toddlers attending as against 529 in the preceding year—but they could be even better if more commodious premises had been provided with playgrounds or playrooms for the toddlers, and if better facilities were provided for the mothers residing in the distant Wards of Kemsley and Murston. The obvious solution to the problem of accommodation at the Centre would have been the utilisation of the Day Nursery buildings, but these unfortunately have been let to the Kent Education Committee, who have hitherto made no use of them at all. Meanwhile the improvements and extensions to Johnson House contemplated by the Council have been delayed, with the result that the beneficent work of the Centre is seriously cramped through lack of space.

(d) The Kemsley and Murston problems can only be solved by the provision of suitable buildings for the opening of “Branch” Clinics, and something will *have* to be done to overcome the difficulties experienced by mothers living in these distant localities. That any of them, particularly those from Kemsley, come at all, pushing a pram the whole way to Sittingbourne and back, a distance of 3 miles, is a great credit to the Clinic.

(e) Precisely what effect the National Health Service Act will have on attendances at the Welfare Clinic I would not presume to forecast. There are many mothers who have learned the value of skilled supervision of their babies’ progress by regular attendances at Welfare Clinics, but there are as many who only think of coming to the Clinic when they wish “to see the Doctor” about some complaint. Under the Health Act, when there will be no fee to pay to their own doctor, there is likely to be a tendency to by-pass the Clinic. On the other hand Medical Practitioners will probably be glad to be relieved of the routine supervision of normal babies and will find little time to impart the instruction in general upbringing which is one of the functions of the Clinic. It may well be that the new situation will provide an opportunity for a clearer understanding of the essential function of the Welfare Clinic which is preventive care, and that Medical Practitioners will be glad to refer cases for supervisory care to the Clinic in the same way as cases are referred to them for treatment by the Clinic to-day. This ideal of co-operation and inter-relationship in the preventive and curative fields will benefit all concerned, most especially the patient.

(f) **Specialist Treatment.**—Cases are referred from all Clinics—Ante and Post Natal as well as Child Welfare—for specialist treatment through the County Health Administration. Thus, 59 cases were referred for Dental Treatment, 49 from the Maternity Clinics and 10 from the Child Welfare Clinics; 10 cases were referred for Orthopædic Care; 4 cases were referred for Ophthalmic treatment; 6 cases were referred to the Aural Surgeon, and 13 cases were referred to local Medical Practitioners for various treatments.



### 3.—HEALTH VISITORS

(i) The two Health Visitors employed by the Council, Miss Reese and Miss Moon, have more to do than they can comfortably and effectively accomplish. Beside attendance at Clinics—Ante-Natal, Post-Natal, Child Welfare, Family Planning — they are expected to pay Home Visits to expectant mothers (those referred to Hospital), to mothers after their confinement or return from Hospital ; to infants, to toddlers, to adopted children, boarded-out children, illegitimate children, and to cases of infectious disease. The function of their home visits is to gain the confidence of the people and to give practical lessons and advice on hygiene in the home. Quite obviously it is impossible for two Health Visitors, however willing and however energetic and enthusiastic they may be, as the present Health Visitors undoubtedly are, to carry out all these duties satisfactorily. With the many Clinic duties at Johnson House, there is ample work for a third Health Visitor in this District and for an additional Relief Health Visitor. It is hoped that this recommendation will be given due consideration when the Services are transferred to the County under the National Health Service Act.

(ii) During the year under review the work was further handicapped by the fact that Miss Reese was alone for four months ; Miss Moon was not appointed until May, 1947. This fact is reflected in the drop in the number of Home Visits from 3,697 in 1946 to 2,674 in 1947.

(iii) The number of Boarded-Out Children was three. These were visited by the Health Visitors under the terms of the *Child Life Protection Act*. By the end of the year only two children remained, one having been adopted.

### 4.—ILLEGITIMATE CHILDREN

(i) The Council accepted responsibility for the admission of three unmarried mothers during the year to Rescue Homes for preparation before and rehabilitation after confinement, and for the confinement itself. The cost incurred on this account during the year was £3 17s. 6d.

(ii) I have not personally visited these Institutions, but there can be no doubt that this type of case is handled by these Institutions with the greatest kindness, tact and care. The community has much reason to be grateful to this Society for providing the means to assist these unfortunate girls.

(iii) The number of illegitimate children borne on the records of the Clinic was 8. These were visited at their homes by the Health Visitors and many attended the Welfare Clinics.

### 5.—HOME HELPS

(i) The scheme of Home Helps which was instituted by the

Council in 1945, has proved very popular, particularly in cases of domiciliary confinement. The main difficulty has been that of finding and maintaining on the Roll an adequate panel of reliable workers. The charge made is 2/- per hour, the limit imposed being 6 days of 6 hours each, unless circumstances demand extension on the Health Visitor's recommendation.

(ii) Home Helps were provided in 17 cases throughout the year, involving a total cost of £146 10s. 8d. Of this sum the Council accepted responsibility for £55 2s. 4d., representing 37% of the total sum involved.

#### **6.—LABORATORY SERVICES**

Carried out entirely by the County Laboratory. Arrangements have recently been instituted by courtesy of the County Medical Officer for the weekly visit of a Pathologist from the County Laboratory for the purpose of collecting samples for Laboratory examination from patients recommended by Medical Practitioners.

#### **7.—AMBULANCE SERVICES**

These are not under the administration of this Office.

#### **8.—HOSPITAL FACILITIES**

(a) Infectious cases are admitted to Keycol Hospital, now under the management of a Joint Hospital Board representing the Districts of Sittingbourne and Milton, the Swale Rural District and the Borough of Faversham.

(b) It is a matter for concern that the present limitations of staff and accommodation make it impossible for the Hospital to accept cases of measles, whooping cough or mumps, even if these are complicated by conditions necessitating hospital treatment. What makes the position still more grave is that no other general purposes hospital will accept the case because it is infectious. There have also been instances where admission to hospital has been urgently sought to remove a case from an unsuitable domestic environment. It is understood that to meet these contingencies the Hospital Board proposed to build a cellular or partition ward, but that the Authorities concerned have declined to approve of the project. The problem remains a pressing one deserving of the most urgent consideration.

#### **9.—SCABIES SERVICE**

(a) A Disinfestation Station is maintained at Johnson House to which cases may be referred for treatment by Medical Practitioners, School Health Officers, etc. Male patients are dealt with by Mr. Chamberlain and female patients by Mrs. Revell, who is employed on a part-time basis for this purpose.



## 10.—SCHOOL HEALTH SERVICE

(i) This is a service which is administered by the County Council, and with which, normally the District Health Office has no liaison. However, by courtesy of the County Medical Officer, it has been possible to extract, with difficulty, a summary of the finding of School medical inspections. These are of considerable local interest as an indication of the character and frequency of the defects found and as a guide to such action as may be possible to prevent them.

(ii) The number of children examined at periodical inspections carried out during the year was 1,304, including entrants, and second and third age group children. Among these 243 children or 18.3% were found to require treatment.

(iii) The commonest defects found in order of frequency were as follows :—

TABLE V

Defect	Requiring		Total	Percentage
	Treatment	Observation		
Nose and Throat .....	77	132	209	29
Unclassified defects ...	36	79	115	15.9
Orthopædic defects ...	31	64	95	13.3
Vision .....	56	18	74	10.2

Twenty-five children received operative treatment for tonsils and adenoids.

(iv) The classification of the general condition of the School Children examined was as follows :—

	Number Inspected	Good	Fair	Poor
Entrants .....	387	84%	13.4%	2.6%
Second age Group ...	415	28.2%	58.8%	13.0%
Third age Group ...	183	54.1%	42.1%	3.8%
Other periodic inspections .....	319	79%	20.1%	0.9%

### (v) Dental Inspection and Treatment.

Separate figures are given for dental inspections and defects. The relevant figures may be summarised as follows :—

Number of pupils inspected by Dental Officers (Periodic and special inspections)	...	...	...	...	1,289
Number found to require treatment*	...	...	...	...	775
Percentage	...	...	...	...	60.1%
Number actually treated	...	...	...	...	616
Percentage	...	...	...	...	82.7%

(xi)—**Infestation with Vermin.**—6,177 examinations were carried out and only 48 pupils, or 0.7% were found to be infested.

## SECTION IV

### SANITARY CIRCUMSTANCES OF THE AREA

#### 1.—WATER SUPPLY

(a) The water supply for the Urban District is derived from two sources, i.e., the Sittingbourne and Milton U.D.C. Water Undertaking and the Mid-Kent Water Company.

(b) Whilst the majority of houses have a piped supply within the premises, there are still a small number of houses, on the periphery of the town, which derive their supply from shallow wells. In addition, there are also a number of houses supplied by means of common standpipes.

(c) (i) The supply from both Water Companies during the year has been adequate both as regards quantity and quality.

(ii) The use of one shallow well has been prohibited during the year and steps have been taken for the provision of a piped supply. Unfortunately, the many difficulties bound up with materials, licensing and the position of the premises have seriously delayed the scheme.

(d) Two samples from wells were submitted for chemical analysis. The result in one case was satisfactory and in the other the water was declared to be unfit.

Twenty-six samples from the Sittingbourne and Milton U.D.C. and the Mid-Kent Water Company's mains were submitted for bacteriological examination by the County Pathologist. The results were satisfactory in each case.

#### 2.—DRAINAGE AND SEWERAGE

There have been no important alterations to the sewerage system during the year.

As opportunity occurs the Department is pressing for the abolition of cesspools and connection to main drainage where this is available.

\*FOOTNOTE.—I have been assured that the defects found cannot generally be ascribed to nutritional causes.



During the year 8 privies or pail closets were abolished and water closets, connected to the main drainage system, substituted.

### 3.—SCAVENGING

Refuse collection and disposal is administered by the Engineer and Surveyor's Department. Disposal is by means of tipping. During the summer months periodic treatment of the tip with Gammexane was carried out by the Engineer's Department to reduce fly infestation.

### 4.—SCHOOL SANITATION

The sanitary accommodation in schools was maintained during the year in a satisfactory condition. The arrangements at the Holy Trinity School still leave much to be desired.

### 5.—PUBLIC CONVENIENCES

Routine inspection of the public conveniences in the town invariably showed that they were maintained in a clean and sanitary condition.

### 6.—PUBLIC SWIMMING BATHS

Routine inspections were carried out and 2 samples of bath water submitted to the Public Analyst. The results were satisfactory. There is room for improvement in the following respects :—

- (a) an increase in the number of shower baths provided and insistence on their use before bathing ; and
- (b) the provision of trough foot baths at the swimming bath and insistence on their use before bathing.

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## SECTION V

### INSPECTION AND SUPERVISION OF FOOD

#### 1.—MILK SUPPLY

(a) The following shows details of registrations under the Milk & Dairies Acts and Orders :—

Registered (Cowkeepers) ...	...	...	2
Registered Purveyors for the sale of :—			
Pasteurised Milk ...	...	...	1
Ungraded Milk ...	...	...	11
Pre-packed Milk only ...	...	...	11
			— 23

- (b) (i) 13 visits were paid to Cowsheds.
- (ii) 55 visits were paid to Dairies.
- (iii) 12 visits were paid to Milkshops.

#### (c) Milk (Special Designations) Order.

One licence was granted in connection with a Pasteurising Establishment where milk is processed by the "holder" method of pasteurisation.

(d) **Examination of Milk Supplies.**

(i) Fifty samples of milk were submitted for bacteriological or other prescribed examination at the County Laboratory, Maidstone.

The following table shows details of the milks submitted :—

TABLE VI

Designation	No. of Samples	Result	
		Satisfactory	Unsatisfactory
Ordinary Milk .....	7	4	3
Pasteurised and Heat-treated Milks	34	28	6
Tuberculin Tested Milk .....	9	7	2
TOTAL ...	50	39	11

(ii) Two samples of milk were submitted for a Biological Test. The Pathologist's report indicated that there was no evidence of Tuberculosis.

(e) **Examination of Washed Milk Bottles.**

Thirteen washed milk bottles derived from 3 dairies were submitted for bacteriological examination during the year. The results which in the main were satisfactory, served as a clear indication to the dairymen concerned of the efficiency of their bottle washing methods.

(f) **General.**

(i) Routine visits during the year showed that premises were kept in a clean condition. There is still, however, room for improvement in some cases, particularly with regard to the provision of a boiler as a means of raising steam and providing hot water.

(ii) The increased use of detergents during the year has been of considerable assistance in ensuring that utensils reach a satisfactory hygienic standard.

(iii) The great majority of the milk supplied to consumers in the town, whilst not sold as pasteurised milk, is in fact heat-treated and invariably satisfied the prescribed tests.

(g) **Milk Supply to Schools**

All milk supplied to Schools is pasteurised.

2.—**MEAT**

(i) 398 visits were paid to the Ministry of Food Slaughterhouse, East Street, Sittingbourne, for the purpose of meat inspection.



During the year the strain on the premises was relieved to a certain extent by a limitation on the numbers of animals slaughtered on any one day, the agreed maximum daily kill now being 10 beasts and 50 smalls (sheep, calves or pigs) together with animals presented for emergency slaughter.

Nevertheless in spite of a marked decrease (3,302 fewer than in 1946) in the numbers of animals slaughtered, meat inspection still involves much work outside normal hours, and the fact still remains that the present premises are obsolete and unsatisfactory.

(ii) The following table shows details of the animals slaughtered together with the numbers affected with disease :—

TABLE VII

	Cows excluding Cattle,	Cows	Calves	Sheep and Lambs	Pigs	Total
Number Killed .....	1346	343	286	5652	246	7873
Number Inspected .....	1346	343	286	5652	246	7873
<b>All diseases except Tuberculosis</b>						
Whole carcasses con- demned .....	2	3	—	10	—	15
Carcases of which some part or organ was condemned .....	680	164	5	428	13	1290
Percentage of the num- ber inspected affected with disease other than tuberculosis ...	50.6	48.6	1.8	7.7	5.2	16.5
<b>Tuberculosis Only</b>						
Whole carcasses con- demned .....	17	11	1	—	1	30
Carcases of which some part or organ was condemned .....	183	113	1	1	4	302
Percentage of the num- ber inspected affected with tuberculosis ...	14.1	36.1	0.7	0.01	2.0	4.2

(iii) The following table shows details of foodstuff of all types condemned during the year. The main cause of condemnation in the slaughter-house continues to be tuberculosis.



TABLE VIII

		lbs.
1 Bull ... ..	Oedema ... ..	528
19 Cattle (excluding Cows)...	Generalised Tuberculosis ...	9612
9 Cows ... ..	Ditto ... ..	4178
1 Cattle (excluding Cows)...	Oedema—Septic Pleurisy ...	569
1 Cow ... ..	Pyæmia ... ..	530
1 Cow ... ..	Leukæmia ... ..	504
1 Cow ... ..	Pericarditis and Oedema ...	468
17 portions of Cattle ... ..	Localised Tuberculosis ...	2793
1 portion of Cattle ... ..	Abscess—Traumatic ...	78
1 portion of Cattle ... ..	Cyst ... ..	1
1 portion of Cattle ... ..	Fibroid ... ..	2
2 portions of Cattle ... ..	Injuries ... ..	45
1 Calf ... ..	Generalised Tuberculosis ...	20
1 Boar ... ..	Ditto ... ..	398
3 portions of Pig ... ..	Localised Tuberculosis ...	46
1 portion of Pig ... ..	Abscess ... ..	10
2 portions of Pig ... ..	Injury ... ..	16
3 Sheep ... ..	Oedema and Emaciation ...	103
1 Sheep ... ..	Fever ... ..	52
3 Sheep ... ..	Extensive Bruising ... ..	112
1 Sheep ... ..	Decomposition ... ..	36
1 Sheep ... ..	Emaciation — Gangrenous wound of abdomen ...	32
14 portions of Sheep ... ..	Ulcer, Injury, Oedema ...	60
2 Lambs ... ..	Fever and Emaciation ...	23
1 portion of Lamb ... ..	Injury ... ..	5
Edible Offal ... ..		26816½
Imported (Argentine) Meat...		193½
1 portion of Mutton ... ..	Abscess ... ..	4
English Beef ... ..	Heat—Decomposition ...	596
Imported Cooked Udder ...	Decomposition ... ..	389
Beef Sausage Meat ... ..	Ditto ... ..	14
1 Ox Liver ... ..		12
3 portions of Sheep ... ..	Heat—Decomposition ...	18½
1 portion of Pig ... ..	Ditto ... ..	6
Rolled Oats ... ..		108
Bacon ... ..	Decomposition ... ..	4
Fresh Fish ... ..	Ditto ... ..	1636
Miscellaneous Foodstuffs, in- cluding canned Milk, Meat, Fruit, Vegetables, Fish, Eggs, Jams, etc. ... ..		6142
	TOTAL LBS. ... ..	56160½
TOTAL — 25 Tons 1 Cwt. 1 Qr. 0½ Lbs.		

### 3.—SHELLFISH

(i) The bulk of the shellfish sold in the town comes from outside sources, e.g. Oysters from Whitstable, Cockles from Leigh-on-Sea, etc. During the year there was no case of illness attributable to shellfish notified in the town.

(ii) The attention of the Medical Officer to the Port Health Authority was drawn to the suspicion that some shellfish were being taken from a prohibited area and a request was made that suitable warning notices be placed at convenient points. It was found impracticable, however, to erect notices in the Areas required because of the fact that they were soon destroyed or defaced by storm or human agency. Instead, the Faversham Port Authority has published a Notice in the Press warning the public of the prohibitions imposed by the Port Authority on the indiscriminate collection of shellfish. This Notice is to be repeated at regular intervals.

### 4.—FISH FRYING

(i) 8 Fish frying establishments are in operation in the area.

(ii) 23 visits of inspection were made.

(iii) Opportunity was taken during the year to improve the conditions under which fish is prepared for sale. In one case a properly constructed cleaning room was provided. Further improvements are held up owing to the prevailing limitations on building.

### 5.—ICE CREAM

(i) The number of premises registered for the Manufacture, Storage or Sale of Ice Cream are :—

Sale and Storage of Ice Cream	...	...	27
Storage of Ice Cream	...	...	1
Manufacture of Ice Cream	...	...	12

(ii) 42 samples of ice cream were submitted for examination by the Ministry of Health Provisional Modified Blue Reductase test. For comparative purposes, 12 of the samples were also examined by the plate count test.

(iii) Grading of the samples submitted for examination by the Modified Methylene Blue test was as follows :—Grade I—5 ; Grade II—6 ; Grade III—14 and Grade IV—16. (One sample not examined because of damage in transit). The standard, as judged by this method, cannot be said to be high.

(iv) Of the 12 samples examined by the plate count test, 6 samples showed counts of under 1,000 per ml ; 2 showed counts under 2,000 per ml ; 1 showed a count of under 4,000 orgs. per ml ; 2 showed counts under 50,000 orgs. per ml. and 1 showed a count of 300,000 orgs. per ml.

In other words, whereas the majority of samples examined



by the Methylene Blue test are classified in the lower grades, the greater number examined by the Plate Count method would have been declared to be in accordance with accepted standards.

(v) Although for comparative purposes the number of samples is small, nevertheless, for what it is worth, it was not possible to correlate the results attained in the different tests. The explanation is that the plate count method is acknowledged by bacteriologists to be unsuitable for ice cream and cannot be correlated with the Methylene Blue test. It should be emphasised that the latter test at best can only serve as a guide. Nevertheless, the use of both methods of examination has led to considerable confusion in the trade, and it does seem desirable that one test only should be laid down, the results of which will indicate to a manufacturer or purveyor the hygienic quality of his product.

(vi) The Ice Cream (heat treatment) Regulations came into force in May, 1946. I am bound to say that the application of the Regulations is most difficult in the prevailing conditions of shortage.

(vii) The policy of the Department during the year has been to insist, in the case of new registrations for the manufacture of ice cream, on the provision of a suitably constructed separate room, to be used solely in connection with ice cream. In this connection two ice cream rooms were constructed during the year.

#### 6.—BAKEHOUSES

(i) Eight bakehouses are registered and in operation in the area.

(ii) Eleven visits of inspection were made.

#### 7.—RESTAURANT KITCHENS

(i) The number of Restaurant Kitchens in the area is 23.

(ii) Twenty-six visits of inspection were made. There is much need for education in the methods employed.

#### 8.—FOOD PREPARING PREMISES

(i) Twenty-one premises are registered for the manufacture of sausage and preserved foods.

(ii) Thirty-four visits of inspection were made.

(iii) During the year efforts were made to bring home to food handlers generally the necessity and duty of maintaining a strict standard of personal hygiene. A start was made on the issue of certain types of educative and propaganda leaflets. It is hoped that this small effort will assist in the creation amongst food handlers of a hygiene consciousness, to the benefit of all concerned.

#### 9.—RODENT CONTROL

(i) The Council employ one part-time Rodent Operator.

(ii) The following table indicates the work carried out during the year :—

TABLE IX

	Complaints of infestations Notified by Public	Additional infestations found on Survey	Complaints of infestations Ill-founded	Complete treatments	Treated by Occupier	Under or awaiting treatment	Estimated killed by Poisons	By Trapping	Visits made (including routine Survey)
Rats	44	9	14	35	12	2	601	62	
Mice	10	—	—	—	—	—	—	74	1,703

(iii) It was observed during the year that in a certain number of cases complaints were found to be due to rats leaving defective drains. This indicates that a certain measure of infestation is present in the Council's sewers. It is, therefore, to be hoped that it will be found possible in the near future to carry out a test-baiting of the sewerage system so that the extent of the problem can be accurately assessed and steps taken accordingly to deal with it.

## SECTION VI

### HOUSING, DISINFECTION AND DISINFESTATION

#### 1.—DISINFECTION

(i) Sixty-six rooms at 53 premises were disinfected on account of infectious disease. Formaldehyde was used in each case.

(ii) All library books at infected premises are disinfected by formaldehyde before being returned to circulation.

(iii) Bedding from all infected premises is removed by the staff of the Keycol Hill Joint Hospital Board and steam disinfected.

#### 2.—DISINFESTATION

(i) The following tables indicate the work carried out during the year :—

##### (a) Bed-Bugs

				Infestations	
				Premises	Rooms
Council Houses	...	...	...	2	5
Other houses	...	...	...	35	91
				—	—
TOTAL				37	96
				—	—



(b) Fleas				Infestations	
				Premises	Rooms
Council Houses	...	...	...	—	—
Other Houses	...	...	...	6	18
TOTAL				6	18

(c) Other Insect Pests				Infestations	
				Premises	Rooms
Council Houses	...	...	...	8	8
Other Houses	...	...	...	21	22
Other Premises	...	...	...	1	1
TOTAL				30	31

(ii) During the past year the main insecticides used have been 5% D.D.T. in kerosene and Gammexane. Trials were given to the use of D.D.T. in the form of smoke. No conclusive opinion as to the efficiency of this method of application can be stated, until further observations on the premises concerned are completed. The use of Gammexane in the form of a smoke was proved to be most effective in the case of infestations by fleas.

(iii) A feature of the work during the year was the increasing use made by the public of the Council's service in combating infestations of pests other than bugs and fleas. It is felt, however, that the public are not taking full advantage of the Service in the case of bug infestation and the widest publicity should be given to the effective aid that can be rendered in the case of infestation by vermin.

### 3.—COMMON LODGING HOUSE

(i) One common lodging is registered. The accommodation available being 30 beds.

(ii) The premises continue to be managed on satisfactory lines. It is of interest to note that the numbers of persons making use of the house has fallen appreciably.

### 4.—SERVICE OF NOTICE REQUIRING THE EXECUTION OF WORKS OR THE ABATEMENT OF NUISANCE

- (a) 568 informal notices served.
- (b) 11 statutory notices served.
- (c) 494 informal notices complied with.
- (d) 11 statutory notices complied with.

### 5.—VISITS MADE BY THE SANITARY INSPECTORS

The following table indicates the number and type of visits paid by the Sanitary Inspectors during the year :—

TABLE X

Premises	Primary Inspections	Revisits
Dwelling Houses—On complaint ... ..	463	1,552
„ „ —On complaint, no nuisance found ... ..	34	—
„ „ —Own observation ... ..	105	1
„ „ —Housing Acts Inspections	29	3
„ „ —Rent Restrictions Acts ...	1	—
„ „ —Infectious Disease ... ..	33	—
„ „ —Basement dwellings ... ..	—	1
Other Premises ... ..	16	6
Visits with No Access ... ..	155	48
Bakehouses ... ..	10	1
Caravans, Tents, etc. ... ..	3	—
Common Lodging Houses ... ..	7	—
Cowsheds ... ..	13	—
Dairies ... ..	55	—
Factories—Mechanical Power ... ..	90	14
Factories—No Mechanical Power —Workplaces ... ..	16	—
Fish Frying ... ..	6	2
Fish Curing ... ..	22	1
Food and Drugs Act Visits ... ..	8	—
Food and Drug Samples ... ..	150	23
Food Preparation Premises ... ..	2	—
Food Storage Premises ... ..	29	5
Interviews ... ..	35	—
Ice Cream Premises ... ..	1,228	—
Infectious Disease Enquiries ... ..	56	—
Insect Pests Investigation ... ..	49	2
Milkshops ... ..	10	—
Milk—Bacteriological Sample ... ..	12	—
Market and Shops ... ..	40	—
Marine Stores ... ..	4	—
Outworkers Premises Homework ... ..	2	—
Outworkers other than Homework ... ..	1	—
Restaurant Kitchens ... ..	24	2
Rats and Mice Destruction ... ..	41	—
Rooms Disinfected ... ..	2	—
Shops Act, Sec. 10 ... ..	19	20
Slaughterhouses ... ..	398	—
Schools ... ..	1	—
Smallpox Contacts ... ..	8	—
Theatres and Amusement Halls ... ..	12	—
Urinals, Public and Private ... ..	13	—
Water Samples ... ..	36	—
Miscellaneous ... ..	230	—
Housing Applicants—Visits made ... ..	316	—
Housing Miscellaneous ... ..	21	—
Port Visits ... ..	1	—
Kemsley Camp ... ..	32	—
Ice Cream ... ..	37	—
Swimming Bath ... ..	1	—
Food Poisoning ... ..	21	1
Fish Shops—Wet Fish ... ..	1	—
Milk Bottles for Bacteriological Examination	12	—
Owners and Builders Contracted ... ..	4	—
TOTALS ...	3,916	1,682



## 6.—NUISANCES ABATED

The following tables indicate the number and character of the nuisances abated during the year :—

TABLE XI

General	Total
Drainage—Reconstructed ... ..	26
„ —Tested or Exposed ... ..	78
„ —Repaired, Trapped, etc. ... ..	24
„ —Unstopped ... ..	130
„ —Chambers inserted ... ..	9
„ —Repairs to Chambers or New Covers ... ..	6
Cesspools—Emptied ... ..	5
„ —Repaired or rendered impervious ... ..	3
Soil or Vent Pipes—Repaired ... ..	10
Water Closets—Repaired or Supplied with Water ... ..	100
„ „ —New Pans or Pedestals Fixed ... ..	37
„ „ —Additional Constructed ... ..	3
Waste Pipes, Repaired or Trapped ... ..	7
Waste Pipes or R.W.Ps. Disconnected ... ..	10
R.W.Ps. and Eaves Gutters Repaired ... ..	38
Sinks provided or replaced ... ..	3
Privies and Pail Closets Abolished ... ..	8
Reconstructed Water Closets ... ..	16

TABLE XII

Sundry Nuisances Abated	Total
Accumulations of Refuse ... ..	2
Brickwork or Pointings ... ..	28
Coppers Repaired or Renewed ... ..	9
Dampness ... ..	14
Dustbins Supplied ... ..	24
Fireplaces and Stoves Repaired ... ..	23
Flooring and other Woodwork ... ..	29
Floors, Concrete or Quarried ... ..	4
Gullies in Street Unstopped ... ..	3
Plaster Repaired ... ..	75
Roofs made Watertight ... ..	63
Walls and Ceilings Cleansed ... ..	1
Windows, Cords, Fasteners and Glass ... ..	68
Verminous Rooms Fumigated ... ..	4
Ventilation Sub-Floor Provided ... ..	1
Yards and Passages Paved ... ..	13
Miscellaneous ... ..	2
Chimney Pots Renewed ... ..	1
Chimney Pots Repaired ... ..	2

## 7.—HOUSING

A review of the housing position from May, 1946, to 31st December, 1947, is as follows :—

(i) The total number of houses made available are 242, and include 50 temporary houses (pre-fabs) at Beechwood Avenue, Milton, and Canterbury Road, Sittingbourne ; 79 houses on the Ufton Lane estate, 46 Kemsley hutments, 21 existing Council or private houses ; and 46 applicants who have either rehoused themselves or have been rehoused by other local authorities.

The list of applicants for houses still remaining on the Council's books numbers no less than 944, made up as follows :—

Single applicants	...	...	...	27
Man and Wife	...	...	...	304
Man and Wife and one Child			...	350
Man and Wife and two Children			...	164
Man and Wife and three Children			...	47
Man and Wife and four Children			...	30
Man and Wife and five Children			...	22

The total of 944 applicants includes 83 applicants living outside the Urban District, but who work within the district, together with 55 applicants who both live and work in other districts.

The number of applicants from residents is, therefore, 806. Of this latter total, 632 are from applicants having no separate home and 174 are from applicants who at the present time are tenants of a separate house, but who, for various reasons, e.g., inadequate accommodation of existing tenement, require a house.

The foregoing statement of rehousing indicates a creditable performance in face of many difficulties, but, unfortunately, a serious note of warning must be sounded as to the future.

There are still 35 houses to be handed over from the Ufton Lane estate. Upon completion of this estate the next available houses will be the 16 in the early stages of construction at Canterbury Road.

So far as can be seen at present it would appear that after completion of the 51 houses mentioned above there will inevitably be a serious delay in the provision of housing accommodation and except for casual vacancies, rehousing will come to an end.



(ii) (a) Inspection of Dwelling-houses during the year for housing defects	602
(b) Number of Dwelling-houses which were inspected and recorded under the Housing Consolidation Regulations	6
(c) Number of Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	2
(d) Number of houses found defective in some essential particular	568
(e) Remedy of defects during the year without service of formal notices	494
(f) Action under Statutory Powers during the year :—	
(i) Proceedings under Section 9 of the Housing Act, 1936	5
(ii) Proceedings under Public Health Act	6
(iii) Proceedings under Sections 11 and 13 of the Housing Act, 1936	2
(iv) Proceedings under Section 12 of the Housing Act, 1936	—
(g) New houses :—	
(i) Total number erected by Local Authority during year	54
(ii) Total number erected by Private Persons during year	6
(h) Clearance Areas—No action during the year.	

(iii) In spite of the Council's endeavours to provide housing accommodation for the people there has been a further deterioration in the situation during the year and there is no doubt that as a result there are serious repercussions in the welfare of the community. Family life is becoming more and more difficult. The deterioration in housing standards is reflected in the numbers of persons paying personal calls to the office, many of them living under, to say the least, most difficult conditions. Well over 1,000 interviews were granted to housing applicants by the Chief Sanitary Inspector. It is to be regretted that apart from acting as an outlet for the applicants' pent up troubles and emotion, little could be done, in comparison with the size of the problem, to relieve conditions in other than the worst cases.

Apart from the problem of providing a separate house for each family, the position of many families, whose children are growing up, living in sub-standard and even unfit houses is yearly growing more serious.

The whole picture of housing, even taking into account the progress made, is gloomy and foreboding and the likely repercussions so far as the community is concerned cannot be too strongly emphasised.

## SECTION VII

### FACTORIES ADMINISTRATION

#### 1.—FACTORIES ACT, 1937

(i) Number of Factories on Register :—				
(a) Factories (Mechanical Power)	...	...	59	
(b) Factories (No Mechanical Power)	...	...	11	
(c) Other Premises	...	...	1	
(ii) Number of Inspections :—				
(a) Factories (Mechanical Power)	...	...	104	
(b) Factories (No Mechanical Power)	...	...	16	
(iii) Number of Written Notices :—				
(a) Factories (Mechanical Power)	...	...	15	
(b) Factories (No Mechanical Power)	...	...	2	

#### (iv) Cases in which defects were found :—

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1) .....	1	1	—	—
Overcrowding (S.2) .....	—	—	—	—
Unreasonable temperature (S.3) .....	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—
Ineffective drainage of floors (S.6) .....	—	—	—	—
Sanitary Conveniences (S.7) :—				
(a) insufficient .....	1	—	—	4
(b) unsuitable or defective	9	4	—	2
(c) not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .....	9	1	—	—
TOTAL ...	20	6	—	6

## APPENDIX I

### FOOD POISONING

Recent reports indicate that there is an increase in the number of cases of food poisoning. Outbreaks, numbering as many as 500 in one year, are seven times as frequent as they were before the war. Diarrhœa and enteritis (inflammation of the bowel) has been responsible for the deaths of several thousand infants in one year. In this



part of England, although there have been no serious outbreaks, the number of cases reported is disquieting and it is notorious that many cases are not reported. Moreover the growing popularity of communal feeding, of canteens in schools and factories has appreciably increased the risks of food poisoning. It behoves us, therefore, to review the situation and see what can be done to prevent food poisoning.

In the first place let us begin by getting rid of certain popular misconceptions about food poisoning, viz.:—

(a) Food poisoning is not necessarily associated with tinned foods.

(b) Food poisoning is not caused by ordinary putrefactive changes in foodstuffs, by something “going bad.” In fact the food concerned in outbreaks or cases of food poisoning is never noticeably altered in taste or appearance. If it were it would not be eaten.

(c) Food poisoning is not the same thing as ptomaine poisoning. This is only an extremely rare form of food poisoning causing entirely distinct (nervous) symptoms of great gravity and associated with an infection derived from the soil. A classic instance was the Loch Maree tragedy.

What then is food poisoning ?

The term is used nowadays to describe an acute infection of the bowel caused either by the ingestion of food and drink infected with living bacteria (or their poison) proved capable of producing these symptoms.

The sources of this infection may be :—

(a) the carcase of an animal which has itself been affected by the disease or is a “carrier” of the disease—calves, pigs, rabbits and ducks are particularly prone to the disease ;

(b) the eggs of ducks affected by the disease ;

(c) food which has been infected by the excreta of mice or rats which are themselves liable to acquire the disease and to carry the infection in their excreta ;

(d) food which has been infected by flies or other insects which convey the bacteria from infected excreta to food in storage or preparation ;

(e) food which may be infected by man, the food handler, who is capable of acting as a “carrier” for an indeterminate period after he himself has had an attack or who may infect food from skin conditions from which he may be suffering ; and

(f) dirt or dust harbouring the bacteria causing the disease.

## Detection of Source.

Detection of source (a) depends on regular meat inspection, but this cannot be wholly relied upon to exclude it in rabbits, ducks or ducks' eggs. Protection against sources (c) and (d) depends on effective storage; while against the food handler (e) and dirt and dust there is no remedy except scrupulous cleanliness in everything connected with the cook, the kitchen, the pantry or the utensils—a standard of cleanliness which should in fact be fastidious.

Refrigerators undoubtedly provide the ideal means of storage of food, not only because they preserve the freshness of food by inhibiting the process of putrefaction, but also because they protect the food from infection by rodents, insects and dust. But, if refrigerators are used, care must be taken to use them at the correct temperature (42° to 47° F.) and to ensure that they are thoroughly cleaned out at least once a week. Should refrigerators be impossible for any reason, then fullest use must be made of gauze cages or clean muslin cloth. Cereals must be kept in tins with close fitting lids.

Nobody who has served in the East, Middle East or Far East can possibly entertain any doubt as to the disgusting habits of the common house fly and its potentialities for evil. It does not take a scientific mind to establish a correlation between flies swarming over food and drink and the occurrence of the painful attacks of diarrhœa or "Gippy tummy." It does not take an intelligent observer long to realise that the house fly is not fastidious in its taste and that it revels with equal relish in the most revolting rubbish and in the delicacies prepared or displayed for our delectation. And yet—the fly is still regarded with complacency rather than the deadly enemy it is. It must, therefore, be destroyed and it must be denied access of food and drink at any stage. It is not enough to hang up a strip of flypaper in the kitchen or pantry. Doors and windows of any premises in which food is prepared or stored should be fly proofed; the interior should be sprayed regularly (once a week) with a suitable preparation of D.D.T. and, above all, the fly must be discouraged to visit the premises or to breed by the most scrupulous attention to cleanliness everywhere, both inside and outside and over the garden wall. Refuse bins and their surroundings must be carefully attended to and lids invariably used, and, although flies are our greatest enemies, cockroaches, beetles, ants and other insects cannot be completely exonerated from conveying infection and should be equally discouraged.

That manhandling of food is a serious source of infection is borne out by the frequency with which it has been traced to foods which are subjected to manipulation, namely, minced meat foods, meat pies, pressed beef, meat stews, milk and milk products, such as ice cream, custards or trifles. Few, perhaps, realise the insidious



danger of the healthy “carrier,” who unwittingly disseminates disease and death from the kitchen. The story of “Typhoid Mary,” the famous cook in a fashionable New York Hotel, is a classic example which is not as well known as it deserves to be. Not until “Typhoid Mary” had been responsible for the death of many people and for the serious illness of many more was it possible to trace the infection to this excellent but dangerous cook. As far as she knew she had only suffered a minor febrile indisposition lasting two or three days, but though this had been trivial it had been bad enough to make her urine and excreta highly infective to others after her own complete recovery.

Apart from bowel diseases, any skin condition which gives rise to pus formation, even if this be a small pimple, must in a food handler be regarded with the utmost seriousness. The toxin of bacteria found in pus is deadly when ingested by mouth.

### **Measures against Carriers.**

The only practicable measures against the “carrier” are :—

(a) to regard every food handler in kitchen, pantry, restaurant or confectionery, whether engaged in food preparation or in waiting or in the cleaning of utensils, as a potential if not a probable “carrier” of disease ; and

(b) to insist as a matter of rigid routine, on the most scrupulous standard of cleanliness of food handlers’ clothes and particularly of their hands and fingernails.

In any well conducted establishment, be this a Public Institution, a School or Factory Canteen, a Club, a Dairy, a Restaurant, a Cafe, a Bakery or Confectionery, and with equal force in the kitchen of every home, a code should be established that no food handler should start work before a thorough scrubbing up of hands and fingernails with hot water, soap and an effective nail brush, nor to resume work without taking the same strict precautions after every visit to the lavatory.

It goes without saying that the achievement of this essential precautionary measure depends directly on the adequacy of the facilities provided for the Staff—a well equipped changing room, a generous allowance of wash hand basins, soap, clean towels and hot water—and on frequent inspection and supervision.

Finally, to exclude the possibility of missing any indisposition, however trivial, which may have disastrous consequences like those associated with “Typhoid Mary,” it should be ensured that the absence from duty of any member of the Staff of any food establishment on account of any febrile illness of any duration should be reported and thoroughly investigated before resumption of work is permitted.

But it is not only the food handler who should be considered. There is another important causative factor of food poisoning which is too often neglected, i.e. the inadequacy of the facilities provided for the washing up of crockery, cutlery, glass and cooking utensils ; the use of tepid water instead of boiling water, of dirty dish cloths ; the rare changes of water in which dirty crockery is dipped perfunctorily ; the lack of clean water for rinsing—all these may, severally and collectively, give rise to the symptoms which have come to be known as food poisoning, or more commonly as “tummy upsets.”

There is little legal sanction for the enforcement of the recommendations made in this brief survey of an extremely dangerous condition. It is hoped, however, that realisation of the serious risks involved will inspire all responsible persons to adopt these measures willingly in their own interest and in that of their clients or their own families. The Health Department will always be glad to offer any advice and any assistance of which it may be capable to help anyone who desires it to achieve the high standard of food hygiene which the situation demands.

APPENDIX II

DIPHTHERIA IMMUNISATION

School Requirements — December, 1947

School	Immunisations	
	Primary	Booster
County Primary School, Canterbury Road ...	10	1
County Grammar School for Girls ... ..	7	196
Borden Grammar School ... ..	—	195
Kemsley School ... ..	—	17
The Butts County Primary School (Girls) ...	8	60
The Butts County Primary School (Infants) ...	18	27
St. Michael's Mission Church of England Primary School ... ..	20	19
Ufton Lane County Primary School ... ..	14	81
Murston County Primary School (Infants) ...	12	35
Murston County Primary School (Mixed) ...	4	147
St. Michael's School (Girls) ... ..	34	16
St. Michael's School (Boys) ... ..	4	4
Holy Trinity School (Boys) ... ..	6	45
Holy Trinity School (Girls) ... ..	9	62
Totals ... ..	146	905



